

APPENDIX F

FORMS

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		1999 Quarter Ending:	OSHDP Facility No.:
Line No.	FINANCIAL DATA ITEMS	1999 QUARTER	
100.	Total Operating Expenses (including PPC expenses reported in line 110)	\$	
110.	Physician Professional Component Expenses (PPC)**	\$	
	Gross Inpatient Revenue (including PPC charges)		
121.	Medicare	\$	
122.	Medi-Cal		
123.	County Indigent Programs		
124.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)		
129.	Other Payors		
130.	Total Gross Inpatient Revenue (sum of lines 121 thru 129)	\$	
	Gross Outpatient Revenue (including PPC charges)		
131.	Medicare	\$	
132.	Medi-Cal		
133.	County Indigent Programs		
134.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)		
139.	Other Payors		
140.	Total Gross Outpatient Revenue (sum of lines 131 thru 139)	\$	
	Deductions from Revenue		
141.	Medicare Contractual Adjustments	\$	
142.	Medi-Cal Contractual Adjustments		
143.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)	()	
145.	County Indigent Programs Contractual Adjustments		
146.	Other Third Parties Contractual Adjustments (excluding capitation premium revenue)		
147.	Provision for Bad Debts (including bad debt recoveries)		
148.	Charity - Hill-Burton		
149.	Charity - Other		
150.	Restricted Donations and Subsidies for Indigent Care	()	
151.	Teaching Allowance (for U.C. teaching hospitals only)		
152.	Clinical Teaching Support (for U.C. teaching hospitals only)	()	
155.	Capitation Premium Revenue	()	
159.	Other Adjustments and Allowances		
160.	Total Deductions from Revenue (sum of lines 141 thru 159)	\$	
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue)		
161.	Medicare	\$	
162.	Medi-Cal		
163.	County Indigent Programs		
164.	Other Third Parties		
169.	Other Payors		
170.	Total Net Patient Revenue (sum of lines 161 thru 169) (Line 130 + line 140 - line 160)	\$	
180.	Other Operating Revenue	\$	
185.	Nonoperating Revenue Net of Nonoperating Expenses	\$	
190.	Total Capital Expenditures (excluding disposal of assets)	\$	
195.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)	\$	
200.	Disproportionate Share Funds Transferred to Related Public Entity**	\$	
	Purchased Inpatient Services		
205.	Discharges (Not included in lines 41 thru 50)**		
210.	Patient Days (Not included in lines 61 thru 70)**		
215.	Expenses (included in line 100)**	\$	
220.	Revenue (included in lines 121 thru 130)**	\$	

** The reporting of this item is optional.

Note: Effective with calendar quarters ended on or after March 31, 1994, all hospitals are required to prepare this quarterly report using the Office-provided Hospital Quarterly Reporting System (HQRS) software and to submit the report by modem to the Office's Bulletin Board System, unless the Office has granted approval in writing to submit this report using this standard report form or the HQRS-produced facsimile report.

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2000 Quarter Ending:	OSHPD Facility No.:
Line No.	UTILIZATION DATA ITEMS (Cont'd)		2000 QUARTER
	Outpatient Visits (including ER, Clinic, Referred, Home Health Visits, and Day Care Days)		
250.	Medicare - Traditional		
255.	Medicare - Managed Care		
260.	Medi-Cal - Traditional		
265.	Medi-Cal - Managed Care		
270.	County Indigent Programs - Traditional		
275.	County Indigent Programs - Managed Care		
280.	Other Third Parties - Traditional		
285.	Other Third Parties - Managed Care		
290.	Other Indigent		
295.	Other Payors		
300.	Total Outpatient Visits (sum of lines 250 thru 295)		
	FINANCIAL DATA ITEMS		
	Gross Inpatient Revenue (including PPC charges)		
350.	Medicare - Traditional		\$
355.	Medicare - Managed Care		
360.	Medi-Cal - Traditional		
365.	Medi-Cal - Managed Care		
370.	County Indigent Programs - Traditional		
375.	County Indigent Programs - Managed Care		
380.	Other Third Parties - Traditional		
385.	Other Third Parties - Managed Care		
390.	Other Indigent		
395.	Other Payors		
400.	Total Gross Inpatient Revenue (sum of lines 350 thru 395)		\$
	Gross Outpatient Revenue (including PPC charges)		
450.	Medicare - Traditional		\$
455.	Medicare - Managed Care		
460.	Medi-Cal - Traditional		
465.	Medi-Cal - Managed Care		
470.	County Indigent Programs - Traditional		
475.	County Indigent Programs - Managed Care		
480.	Other Third Parties - Traditional		
485.	Other Third Parties - Managed Care		
490.	Other Indigent		
495.	Other Payors		
500.	Total Gross Outpatient Revenue (sum of lines 450 thru 495)		\$
	Deductions from Revenue		
545.	Provision for Bad Debts (including bad debt recoveries)		\$
550.	Medicare - Traditional Contractual Adjustments		
555.	Medicare - Managed Care Contractual Adjustments		
560.	Medi-Cal - Traditional Contractual Adjustments		
565.	Medi-Cal - Managed Care Contractual Adjustments		
566.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)		()
570.	County Indigent Programs - Traditional Contractual Adjustments		
575.	County Indigent Programs - Managed Care Contractual Adjustments		
580.	Other Third Parties - Traditional Contractual Adjustments		
585.	Other Third Parties - Managed Care Contractual Adjustments		
590.	Charity - Hill-Burton		
595.	Charity - Other		
600.	Restricted Donations and Subsidies for Indigent Care		()
605.	Teaching Allowance (for U.C. teaching hospitals only)		
610.	Clinical Teaching Support (for U.C. teaching hospitals only)		()
615.	Other Adjustments and Allowances		
620.	Total Deductions from Revenue (sum of lines 545 thru 615)		\$

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HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2000 Quarter Ending:	OSHPD Facility No.:
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Line No.	FINANCIAL DATA ITEMS (Cont'd)	2000 QUARTER
	Capitation Premium Revenue	
650.	Capitation Premium Revenue - Medicare	\$
660.	Capitation Premium Revenue - Medi-Cal	
670.	Capitation Premium Revenue - County Indigent Programs	
680.	Capitation Premium Revenue - Other Third Parties	
700.	Total Capitation Premium Revenue (sum of lines 650 thru 680)	\$
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue plus Capitation Revenue)	
750.	Medicare - Traditional	\$
755.	Medicare - Managed Care	
760.	Medi-Cal - Traditional	
765.	Medi-Cal - Managed Care	
770.	County Indigent Programs - Traditional	
775.	County Indigent Programs - Managed Care	
780.	Other Third Parties - Traditional	
785.	Other Third Parties - Managed Care	
790.	Other Indigent	
795.	Other Payors	
800.	Total Net Patient Revenue (sum of lines 750 thru 795) (Line 400 + line 500 - line 620 + line 700)	\$
810.	Other Operating Revenue	\$
830.	Total Operating Expenses (including PPC expenses reported in line 840)	\$
835.	Physician Professional Component Expenses (PPC)**	\$
840.	Nonoperating Revenue Net of Nonoperating Expenses	\$
	Purchased Inpatient Services	
850.	Discharges (Not included in lines 50 thru 100)**	
855.	Patient Days (Not included in lines 150 thru 200)**	
860.	Expenses (included in line 830)**	\$
	Purchased Outpatient Services	
870.	Expenses (included in line 830)**	\$
880.	Total Capital Expenditures (excluding disposal of assets)	\$
885.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)	\$
900.	Disproportionate Share Funds Transferred to Related Public Entity**	\$

** The reporting of this item is optional.

<p style="text-align: center;">QUESTIONS</p> <p>Please contact us at the following address, phone number, or FAX number:</p> <p>Patricia Burritt Office of Statewide Health Planning and Development Accounting and Reporting Systems Section 818 K Street, Room 400 Sacramento, CA 95814 Phone: (916) 323-0875 FAX No: (916) 323-7675 E-mail: pburritt@oshpd.state.cs.us</p>	<p style="text-align: center;">CERTIFICATION</p> <p>I, _____, certify under penalty of perjury that to the best of my knowledge and information, the information reported is true and correct.</p> <p>By: _____</p> <p>Title: _____ Date: _____</p>
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Note: Effective with calendar quarters ended on or after March 31, 2000, all hospitals are required to prepare this quarterly report using the Office's Internet Hospital Quarterly Reporting System (IHQRS) and to submit the report to the Office's Internet web-site, unless the Office has granted approval in writing to submit this report using this standard report form.